STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3168	A. BUILDING: _____ B. WING _____	C 05/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SBH GREEN BAY LLC DBA WILLOW CREEK BEHAV H	1351 ONTARIO RD GREEN BAY, WI 54311

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
X 000	INITIAL COMMENTS On 4/28/2021 and 4/29/2021, with additional information gathered through 5/3/2021, an onsite complaint (WI00040354) and self report investigation (WI00040299) was completed. The provider holds certification under Wisconsin Administrative Code(s): DHS 35, DHS 40, DHS 61.71, DHS 61.75, and DHS 61.79. A random sample of 10 client records and 1 staff record were reviewed. One repeat deficiency was identified. See SOD #JJQF11 dated 07/20/2020. The deficiency was related to the the self report investigation (WI00040299). The complaint (WI00040354) was unsubstantiated and the self report investigation (WI00040299) was substantiated.	X 000		
X9449	DHS 94.24(2)(a)-(b) PT RIGHTS PHYSICAL SAFETY / RESPECT & DIGNITY (a) Staff shall take reasonable steps to ensure the physical safety of all patients. (b) Each patient shall be treated with respect and with recognition of the patient's dignity by all employees of the service provider and by all licensed, certified, registered or permitted providers of health care with whom the patient comes in contact. This Rule is not met as evidenced by: Based on record review, facility tour, policy review, and staff interview, the facility did not ensure staff took reasonable steps to provide for the physical safety of patients receiving both	X9449		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3168	A. BUILDING: _____ B. WING _____	C 05/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SBH GREEN BAY LLC DBA WILLOW CREEK BEHAV H	1351 ONTARIO RD GREEN BAY, WI 54311

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
X9449	Continued From page 1	X9449		

inpatient and outpatient treatment in the facility. This has the potential to impact all patients.

Findings include:

This is a repeat deficiency. See SOD #JJQF11 dated 07/20/2020.

On 04/28/2021 and 04/29/2021 an on-site investigation was conducted for self-report #40299 and complaint #40354. The following was indicated:

On 04/28/2021 between 1005 and 1110, a facility tour was conducted by surveyors. At 1035 on Unit 600, surveyors interviewed MHT (Mental Health Technician)-C who stated the unit had a patient on room lock out due to reporting feeling unsafe. MHT-C stated this means keeping a closer watch on the patient and stated "I ask them to walk with me or stand by the RN station" when asked how s/he takes care of the other MHT duties while doing this. MHT-C stated s/he was the only mental health tech on the unit that morning and in addition to watching the room lock out patient, s/he completed 15 minute checks, facilitated 6 groups, and other monitoring of patient needs.

On 04/28/2021 at approximately 1402, surveyors interviewed DON (Director of Nursing)-F about facility staffing. DON-F stated 1:9 RN/patient ratio and 1:7 MHT/patient ratio "that's our goal at all times" and this goal was determined by the CEO. This was not evidenced during the facility tour. For example, Unit 600 was staffed with one RN (Registered Nurse) and one MHT. Surveyors were told this unit had 10 patients plus 2 additional patients that were on the unit during the day but slept on a different unit. Unit 300, another youth unit, had 15 patients with one RN and 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3168	A. BUILDING: _____ B. WING _____	C 05/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SBH GREEN BAY LLC DBA WILLOW CREEK BEHAV H	1351 ONTARIO RD GREEN BAY, WI 54311

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
X9449	Continued From page 2 MHT's. At 1102 in the Intensive Outpatient (IOP) and Partial Hospital Program (PHP) area of the facility, surveyors observed 3 group rooms of patients. In 2 of 3 group room, patients were not supervised. A group room of 11 patients participating the IOP program and a group room of 6 patients participating in the PHP program did not have staff supervising the patients. RN-D stated one of the facilitators was with a patient who reported suicidal thoughts and that was why the PHP group room did not have a facilitator in it. While surveyors were observing the area, Licensed Clinician-E came out of a room with a patient and stated to the surveyor "I had a patient who was suicidal" and then went back into the PHP group room with the patient. Surveyors did not receive an explanation for the lack of facilitator in the IOP room. Surveyors also noted that DHS 35 35.215 under which the IOP program operates, indicates the maximum group number for one facilitator is 8 patients. This was not evidenced during surveyor observation. On 04/28/2021 between approximately 1410 and 1530, surveyors reviewed a video tape of Unit 500 on 03/18/2021, the date on the self-report of the inappropriate contact between Patient 1 and Patient 2. The video tape was of the hallway and dayroom from 0720-0735 and from 1450-1803. Surveyors noted that between 0722 when Patient 1 entered Patient 2's room, staff were not present in the hallway. Patient 1 is visible in the doorway of the room at least 2 times, leaves the room one time, engages with another female patient in the hallway who then appears to be watching for staff when Patient 1 re-enters Patient 2's room at 0732. When asked about this at 1417, Dir. Of Quality Compliance-B stated if a patient is not line	X9449		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3168	A. BUILDING: _____ B. WING _____	C 05/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SBH GREEN BAY LLC DBA WILLOW CREEK BEHAV H	1351 ONTARIO RD GREEN BAY, WI 54311

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
X9449	Continued From page 3	X9449		

of sight, staff do not have sight on them all the time and at 1443 stated staff were in the dayroom doing vitals and not watching the hallway during this time.

Between 1450 and 1803 on the video tape, surveyors observed Patient 1 and Patient 2 in the dayroom sitting very close to each other. They appeared to be touching each other. On 04/28/2021 at 1506, while watching multiple periods of time with patients in the dayroom with no staff supervision, the surveyor made this observation to Dir. Of Quality Compliance-B who did not offer a response to the surveyor. On 1801 on the video tape, it appeared that Patient 1 was holding hands with another patient. At 1547 on 04/28/2021, surveyors asked DON-F about the very close contact observed between Patient 1 and Patient 2 on the video tape. Surveyors asked "is this appropriate" and DON-F responded "no." Surveyors asked "when should staff intervene" and DON-F stated "as soon as they saw that."

On 04/28/2021 surveyors were provided with a copy of an email from Nursing House Supervisor-G regarding viewing the same video tape surveyors viewed. At the end of the first paragraph of the email, Nursing House Supervisor-G stated "In my video reviewing a major concern is where [Patient 1] can be seen going into [Patient 2's] room at 0722 and is in there for almost 10 minutes, more detailed notes in my attachment." This email also contained this statement in the first paragraph "[MHT Lead-H] was also reviewing video for 3/18 and the following are times that she notified me of (I did not get to watch the video for these times) that were concerning regarding milieu supervision and patient behaviors: 14:51, 1735, 1742, 1746, 1750, 1751, and 1801."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3168	A. BUILDING: _____ B. WING _____	C 05/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SBH GREEN BAY LLC DBA WILLOW CREEK BEHAV H	1351 ONTARIO RD GREEN BAY, WI 54311

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
X9449	Continued From page 4 On 04/29/2021 at 1100, the records of Patient 1 and 2 were reviewed. Patient 1 was admitted on 03/12/2021. On 03/15/2021 at 1200, an order for "10 foot rule with female peer" was entered. This was not evidenced during the video tape viewing of 03/18/2021. In addition, Patient 1 was admitted to the unit with a High Risk/High Alert Handoff sheet with X next to "sexually acting out". The records reviewed by the surveyor did not include actions to manage this identified risk and Patient 1 was placed on standard monitoring (Q15) at admission. Surveyor reviewed the Incident file which included the following entries: 2/15/2021- patient 9 "had a cigarette which patient 9 stole from staff pocket, later noted that patient 9 also stole a lighter from staff pocket." 3/1/2021- patient 3 kissed patient 4. 3/16/2021- patient 5 threw a notebook at patient 6 - hitting patient 6 in the head. 3/29/2021- patient 7 "slightly smacked a male peer's butt (patient 8) in attempt to get the males' attention while in group room." Patient 8 stated s/he "felt uncomfortable when a female peer slightly smacked patient 8 in attempt to get his/her attention while in group." Policies reviewed included Levels of Observation dated 10/1/2016 last revised on 5/2020 which states: under A2- "Line of Sight- the patient must be in sight of a staff member at all times and 15 minute checks documented.....staff assigned to LOS must hand off responsibility for maintaining observation of the assigned patient(s) for any break or change of shift....."	X9449		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	3168	A. BUILDING: _____ B. WING _____	C 05/03/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SBH GREEN BAY LLC DBA WILLOW CREEK BEHAV H	1351 ONTARIO RD GREEN BAY, WI 54311

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
X9449	Continued From page 5 under F- "all 1:1 and Line of Sight status patients are to be assigned to a staff member/Mental Health Tech." under J- "in general, a patient will have ongoing observations by Mental Health Techs and Nursing staff. If and/or when a Mental Health Tech has to leave the floor, the MHT will notify nursing staff and another MHT or the Nurse will replace them on the floor for patient observation until the staff member returns."	X9449		